

PAID NON-MEDICAID LEAVE DAYS

Provider Name	Medicaid Provider Number	Reporting Period From:	Through:
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INSTRUCTIONS:

Record monthly the non-Medicaid leave days paid for by payers other than ODHS. Paid non-Medicaid leave days are hospital, therapeutic, or any other leave day paid for by a non-Medicaid resident. Non-Medicaid leave days are counted as inpatient days proportionate to the non-Medicaid per diem rate paid.

MONTH	TOTAL PAID NON-MEDICAID LEAVE DAYS
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	
TOTAL	

Percentage of per diem rate paid by non-Medicaid residents for leave days

NURSE AIDE TRAINING STATISTICAL INFORMATION

Provider Name	Medicaid Provider Number	Reporting Period From:	Through:
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ONLY NURSING FACILITIES MUST COMPLETE THIS ATTACHMENT.

SECTION A: NURSE AIDE CONTINUING EDUCATION

	JANUARY 1 through MARCH 31 (1)	APRIL 1 through JUNE 30 (2)	JULY 1 through SEPTEMBER 30 (3)	OCTOBER 1 through DECEMBER 31 (4)	TOTAL (Col. 1 thru 4) (5)
1 Number of Nurse Aides completing Continuing Education					

SECTION B: NUMBER OF AIDES TRAINED

	NUMBER OF NURSE AIDES				
	TRAINED IN THIS FACILITY		TRAINED IN OTHER LTCFs (3)	TRAINED FROM OTHER SOURCES (4)	TOTAL (Sum of col. 1-4) (5)
	Your Facility Nurse Aides (1)	Other Facilities Nurse Aides (2)			
2. Number of aides who completed training during cost report period.					
3. Number of aides who dropped out of training during the cost report period.					
4. Total aides (sum of lines 2 and 3)					
5. Total number of state approved nurse aides on your payroll at the end of the cost report period.					
6. Total number of state approved nurse aides, excluding line 5, at the end of the cost report period.					

WAGE AND HOURS SURVEY

Provider Name	Medicaid Provider Number	Reporting Period From: _____ Through _____
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INSTRUCTIONS: REPORT THE NUMBER OF HOURS CONSISTENT WITH THE AMOUNT OF COMPENSATION REPORTED.

Column (C): Enter wages (net of adjustments) paid to facility personnel (This must agree with the sum of column 1 on schedules B-1, B-2, C and attachment 2, column 2).

Column (D): Enter total wages paid to an owner of the facility as reported on C-2 (This must agree with schedule C-2).

Column (E): Column (C) minus Column (D).

Column (F): Enter total hours that correspond with the total wages reported in column (C).

Column (G): Enter total hours that correspond with the total wages reported in column (D).

Column (H): Column (F) minus column (G).

WAGE COST CENTERS (A)	Chart of Acct (B)	Total Wages Paid (C)	Owners Wages Paid (D)	Total Non-owner Wages Paid (E)	Total Hours Paid (F)	Owners Hours Paid (G)	Total Non-owner Hours Paid (H)
OTHER PROTECTED COSTS							
1. Water and Sewage (salary only)	6030						
1a. EAP Administrator - Other Protected	6057						
1b. Self Funded Programs Adm. - Other Protected	6058						
1c. Staff Development - Other Protected	6059						
1d. TOTAL Other Protected (Sum of lines 1 - 1c)							
DIRECT CARE NURSING AND HABILITATION / REHABILITATION							
2. Medical Director	6100						
3. Director of Nursing	6105						
4. RN Charge Nurse	6110						
5. LPN Charge Nurse	6115						
6. Registered Nurse	6120						
7. Licensed Practical Nurse	6125						
8. Nurse Aides	6130						
9. Activity Director	6135						
10. Activity Staff	6140						
11. Recreational Therapist for NFs	6145						
12. Program Specialist for ICFs-MR	6150						
13. Program Director	6155						
14. Habilitation Supervisor for NFs	6160						
15. Habilitation Supervisor for ICFs-MR	6165						
16. Habilitation Staff	6170						
17. Psychologist	6175						
18. Psychology Assistant	6180						
19. Respiratory Therapist	6185						
20. Social Work/Counseling	6190						
21. Social Services/Pastoral Care	6195						
22. Qualified Mental Retardation Professional	6200						
23. Quality Assurance	6205						
24. Other Direct Care (salary)	6220						
25. Home Office Costs/Direct Care (salary)	6230						
26. TOTAL Nursing & Habil. (sum of lines 2 - 25)							
27. TOTAL Page 1 (sum of lines 1d and 26)							

WAGE AND HOURS SURVEY

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WAGE COST CENTERS (A)	Chart of Acct (B)	Total Wages Paid (C)	Owners Wages Paid (D)	Total Non-owner Wages Paid (E)	Total Hours Paid (F)	Owners Hours Paid (G)	Total Non-owner Hours Paid (H)
NURSING FACILITIES ONLY NURSE AIDE TRAINING							
28. In-House Trainer Wages	6400						
29. Classroom Wages: Nurse Aides	6410						
30. Clinical Wages: Nurse Aides	6420						
31. TOTAL Nurse Aide Training - NFs (sum of lines 28 through 30)							
ICF's-MR FACILITIES ONLY DIRECT CARE THERAPIES							
32. Physical Therapist ICF-MR	6600						
33. Physical Therapy Assistant ICF-MR	6605						
34. Occupational Therapist ICF-MR	6610						
35. Occupational Therapy Assistant ICF-MR	6615						
36. Speech Therapist ICF-MR	6620						
37. Audiologist ICF-MR	6630						
38. TOTAL Direct Care Therapies - ICF-MR (sum of lines 32 through 37)							
NF's and ICF's-MR - PAYROLL TAX, FRINGE BENEFITS & STAFF DEVELOPMENT (No Purchased Nursing)							
39. EAP Administrator - Direct Care	6535						
40. Self Funded Programs Adm. - Direct Care	6540						
41. Staff Development - Direct Care	6550						
42. TOTAL Payroll Tax, Fringe Benefits & Staff Development (sum of lines 39 through 41)							
DIETARY COST							
43. Dietitian	7000						
44. Food Service Supervisor	7005						
45. Dietary Personnel	7015						
46. EAP Administrator - Dietary	7075						
47. Self Funded Programs Admin. - Dietary	7080						
48. Staff Development - Dietary	7090						
49. TOTAL Dietary Cost (sum of lines 43 through 48)							
HABILITATION & PHARMACEUTICAL							
50. Medical / Habilitation Records	7105						
51. Pharmaceutical Consultant	7110						
52. TOTAL Habilitation & Pharmaceutical (sum of lines 50 and 51)							
53. TOTAL Page 2 (sum of lines 31, 38, 42, 49 and 52)							

WAGE AND HOURS SURVEY

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		From:	Through				
WAGE COST CENTERS (A)	Chart of Acct (B)	Total Wages Paid (C)	Owners Wages Paid (D)	Total Non-owner Wages Paid (E)	Total Hours Paid (F)	Owners Hours Paid (G)	Total Non-owner Hours Paid (H)
ADMINISTRATIVE & GENERAL SERVICES							
54. Administrator	7200						
55. Other Administrative Personnel	7210						
56. Security Services (salary only)	7230						
57. Laundry / Housekeeping Supervisor	7240						
58. Housekeeping	7245						
59. Laundry and Linen	7250						
60. Accounting	7265						
61. Data Services (salary only)	7285						
62. Other Indirect Care (salary only)	7305						
63. Home Office Costs / Indirect Care (salary)	7310						
64. TOTAL Admin. & General Services (sum of lines 54 through 63)							
MAINTENANCE AND MINOR EQUIPMENT							
65. Plant Operations / Maintenance Sup.	7320						
66. Plant Operations and Maintenance	7330						
67. TOTAL Maintenance and Minor Equip. (sum of lines 65 and 66)							
PAYROLL TAXES, FRINGE BENEFITS & STAFF DEVELOPMENT							
68. EAP Administrator - Indirect Care	7525						
69. Self Funded Prog. Admin.-Indirect Care	7530						
70. Staff Development - Indirect Care	7535						
71. TOTAL Payroll Taxes, Fringe Benfits, & Staff Development (sum of lines 68 thru 70)							
72. TOTAL Page 3 (sum of lines 64, 67 and 71)							
73. TOTAL ATTACHMENT 6 Pages 1, 2 and 3 (sum of lines 27, 53 and 72)							

ADDENDUM FOR DISPUTED COSTS

Attachment 7

Provider Name	Medicaid Provider Number	Reporting Period From: Through:
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INSTRUCTIONS: This attachment is for the reporting of costs as specified in the Ohio Revised Code, Section 5111.26, that the provider believes should be classified differently than required on the cost report.

1. Enter in the "Reclassification From" columns, the specific account title and chart number as entered on the cost report, as well as, costs applicable to columns 1 through 3.
2. Enter in the "Reclassification To" columns, the schedule, line number, and reason you believe these costs should be reclassified.

Reclassification From:					Reclassification To:		
CURRENT COST CENTERS	Chart of Acct.	Salary Facility Employed (1)	Other/ Contract Wages (2)	Adjusted Allocated Total (3)	Schedule (4)	Line (5)	Reason (6)
OTHER PROTECTED COSTS							
1.							
2.							
3.							
4.							
5. TOTAL Other Protected Costs (sum of lines 1 through 4)							
DIRECT CARE COST CENTER							
6.							
7.							
8.							
9.							
10. TOTAL Direct Care Costs (sum of lines 6 through 9)							
INDIRECT CARE COST CENTER							
11.							
12.							
13.							
14.							
15. TOTAL Indirect Care Costs (sum of lines 11 through 14)							
NON-REIMBURSABLE EXPENSES							
16.							
17.							
18.							
19.							
20. TOTAL Non-Reimbursable Expenses (sum of lines 16 through 19)							
CAPITAL COST CENTER							
21.							
22.							
23.							
24.							
25. TOTAL Capital Cost							
26. TOTAL COST CENTERS (sum of lines 5,10,15,20, and 25)							

Attachment 4.19D
Page 1 of 2

Bureau of workers' compensation premium increases.

TN #03-017 APPROVAL DATE APR - 3 1994

SUPERSEDES print date 09/02/2003 02:55 PM

TN #99-005 EFFECTIVE DATE 9/12/03

5101:3-3-24.2

TO BE RESCINDED

2

Effective: 09/12/2003

R.C. 119.032 review dates: 06/25/2003

CERTIFIED ELECTRONICALLY

Certification

09/02/2003

Date

Promulgated Under: 119.03
Statutory Authority: RC 5111.02
Rule Amplifies: RC 5111.01, 5111.02,
5111.27, 5111.29
Prior Effective Dates: 7/1/99

APR - 5 2004
TN # 03-017 APPROVAL DATE _____
SUPERSEDES
TN # 99-005 EFFECTIVE DATE 9/12/03

5101:3-3-26

Nursing facilities (NFs) and intermediate care facilities for the
mentally retarded (ICFs-MR): implementation of timely rates.

- (A) The department of ~~human services (ODHS)~~ job and family services (ODJFS) shall make its best efforts each year to calculate rates under Chapter 5101:3-3 of the Administrative Code in time to use them to make the payments due to NFs and ICFs-MR by the fifteenth day of August. If ~~ODHS~~ODJFS is unable to calculate the rates so that they can be paid by that date, ~~ODHS~~ODJFS shall pay each NF or ICF-MR the rate calculated for it under Chapter 5101:3-3 of the Administrative Code at the end of the previous fiscal year. If ~~ODHS~~ODJFS also is unable to calculate rates to make the payments due by the fifteenth day of September and the fifteenth day of October, ~~ODHS~~ODJFS shall pay the previous fiscal year's rate to make those payments. ~~ODHS~~ODJFS may increase by five per cent the previous fiscal year's rate paid to any NF or ICF-MR pursuant to this rule at the request of the NF or ICF-MR. ~~ODHS~~ODJFS shall use rates calculated for the current fiscal year to make the payments due by the fifteenth day of November.
- (B) If the rate paid to a NF or ICF-MR pursuant to this rule is lower than the rate calculated for it for the current fiscal year, ~~ODHS~~ODJFS shall pay the NF or ICF-MR the difference between the two rates for the number of days for which the NF or ICF-MR was paid pursuant to this rule. If the rate paid to a NF or ICF-MR pursuant to this rule is higher than the rate calculated for it for the current fiscal year, the NF or ICF-MR shall refund to ~~ODHS~~ODJFS the difference between the two rates for the number of days for which the NF or ICF-MR was paid pursuant to this rule.

5101:3-3-26

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Effective: 09/12/2003

R.C. 119.032 review dates: 06/25/2003 and 09/12/2008

CERTIFIED ELECTRONICALLY

Certification

09/02/2003

Date

Promulgated Under: 119.03
Statutory Authority: RC 5111.02, 5111.01
Rule Amplifies: RC 5111.02, 5111.221
Prior Effective Dates: 11/1/95, 12/17/98

TN #03-017 APPROVAL DATE _____
SUPERSEDES
TN #98-19 EFFECTIVE DATE 9/12/03